

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:
.....
Fax Number:	Fax Number:

Pemetrexed

Initial application — mesothelioma

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> Patient has been diagnosed with mesothelioma and <input type="checkbox"/> Pemetrexed to be administered at a dose of 500 mg/m ² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles

Renewal — mesothelioma

Current approval Number (if known):.....

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> No evidence of disease progression and <input type="checkbox"/> The treatment remains appropriate and the patient is benefitting from treatment and <input type="checkbox"/> Pemetrexed to be administered at a dose of 500mg/m ² every 21 days for a maximum of 6 cycles

Initial application — non-small cell lung carcinoma

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> Patient has locally advanced or metastatic non-squamous non-small cell lung carcinoma and <table border="1"> <tr> <td> <input type="checkbox"/> Patient has chemotherapy-naïve disease and <input type="checkbox"/> Pemetrexed is to be administered at a dose of 500 mg/m² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles </td> </tr> <tr> <td> or <input type="checkbox"/> Patient has had first-line treatment with platinum based chemotherapy and <input type="checkbox"/> Patient has not received prior funded treatment with pemetrexed and <input type="checkbox"/> Pemetrexed is to be administered at a dose of 500 mg/m² every 21 days for a maximum of 6 cycles </td> </tr> </table>	<input type="checkbox"/> Patient has chemotherapy-naïve disease and <input type="checkbox"/> Pemetrexed is to be administered at a dose of 500 mg/m ² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles	or <input type="checkbox"/> Patient has had first-line treatment with platinum based chemotherapy and <input type="checkbox"/> Patient has not received prior funded treatment with pemetrexed and <input type="checkbox"/> Pemetrexed is to be administered at a dose of 500 mg/m ² every 21 days for a maximum of 6 cycles
<input type="checkbox"/> Patient has chemotherapy-naïve disease and <input type="checkbox"/> Pemetrexed is to be administered at a dose of 500 mg/m ² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles		
or <input type="checkbox"/> Patient has had first-line treatment with platinum based chemotherapy and <input type="checkbox"/> Patient has not received prior funded treatment with pemetrexed and <input type="checkbox"/> Pemetrexed is to be administered at a dose of 500 mg/m ² every 21 days for a maximum of 6 cycles		

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Pemetrexed - *continued*

Renewal — non-small cell lung carcinoma

Current approval Number (if known):.....

Applications only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/>	No evidence of disease progression
and	
<input type="checkbox"/>	The treatment remains appropriate and the patient is benefitting from treatment
and	
<input type="checkbox"/>	Pemetrexed is to be administered at a dose of 500mg/m ² every 21 days

I confirm the above details are correct and that in signing this form I understand I may be audited.

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